



VOLUNTEER AGREEMENT

In signing this form, I understand and agree to the following terms and conditions related to volunteering my services at the Keokuk Public Library (KPL).

Liability Release Agreement

I agree to hold harmless KPL, all employees, all volunteers, and the City of Keokuk from any liability arising from my participation in the KPL Volunteer Program. I hereby waive any right of claim now or in the future for any injury to my person or property that may occur directly or indirectly in the performance of my volunteer services. I understand that by signing this waiver, I am assuming all liability for my person and property during the time I am performing volunteer services. **Initial:** _____

Insurance Agreement

I understand that KPL does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health, or disability benefits or insurance of any nature in the event of injury, illness, death, or damage to my property. I expressly waive any such claim for compensation or liability on the part of KPL. I understand I am expected and encouraged to obtain my own medical or health insurance coverage. **Initial:** _____

Emergency Medical Treatment Agreement

I authorize KPL to seek Emergency Medical Treatment in the case of accident, illness, or injury. Also, I hereby release and forever discharge KPL from any claim now or in the future on account of any first aid, treatment, or service rendered in connection with my volunteer services. I have provided emergency contact information and understand that KPL will contact the party as soon as possible in the event of an emergency; however, KPL will not wait for authorization from said party to seek Emergency Medical Treatment. **Initial:** _____

Photo Consent Agreement

I hereby give my permission for KPL to take my photograph/video. My name and identity may be revealed in descriptive text or commentary in connection with the image(s). I authorize the use of these images without compensation to me. All negatives, prints, and digital reproductions shall be the property of KPL. I release them from liability regarding said material. **Initial:** _____

Confidentiality Agreement

I understand that it is the policy of KPL to protect the privacy of its patrons. I agree to hold all information about patrons in complete confidence in the course of performing my volunteer service. I also agree to maintain the confidentiality of all volunteers, staff, and donors. I acknowledge that a breach of confidentiality may result in the termination of my involvement as a KPL volunteer. **Initial:** _____

I have carefully read the foregoing information and understand the contents. I am aware that this is a release of liability, and I sign it of my own free will.

Signature _____ Print _____ Date _____

Parent Signature _____ Print _____ Date _____

(Required for volunteers under the age of 18)

KPL Staff Signature _____ Date _____